STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

FEB 0 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lohhyist(s) Donald Baldini					NEW HAMPS DEPARTMENT	
II. Name of lohhyist's	partnership, firm or	corporation, if an	v:			
Liberty Mutual	- •	, , , , , , , , , , , , , , , , , , , ,	J -			
	of partnership, firm or c	corporation)				
	erkeley Street	•	M	4	02116	
Business Address: (Stre		(Town/City)	(State	e)	(Zip Code)	
617-574-5	5867 ,	1	e-mail do	nald.baldini@liberty	/mutual.com	
(Telephone)	5867	(Fax)	¢-man			
III. This statement covreportable expense tra		not attrihutahle to	any one client).			
Liberty Mutual	Ψ.	•			9	
Liberty Mutual	(Full Name of Client as	it appears on the Loh	hujet Pagistration Form	•)		
OR ☐ All reportable transa unrelated to any particu	ctions by the lobbyist				ted below which are	
IV. Date of Report	April 26, 2017	A. 3/21/17	July 26, 2017			
Reports cover: activit	y from date of registration October 25, 2017		activity fram 4/1/17 t January 31, 2			
a	ctivity from 7/1/17 ta 9/3		activity from 10/1/17			
V. There have been If this box is checked, co Concord, NH 03301.						
VI. Check if additiona	l reports are attached	d:				
	d fees or made expend		e Addendum A– Fe	es and Expenses		
☐ If you have paid an Expense Reimbursemen	honorarium or reimbu	irsed expenses, you	ı must file Addendu ı	m B — Report of F	Ionorariums or	
☐ If you, your firm, o	r your family has made	e political contribu	tions, you must file A	Addendum C– Po	olitical Contributions	
Sworn Statement/Affil I have read RSA 15, RS and complete to the best (Signature of lobbyist)	A 15-B, RSA 14-C an	d belief.		that the foregoing - 20 1 8	g information is true	
Donald Baldin	i			(2410)		
(Print Name of lobbyis						
THE DIRECTOR OF TOO DATE	LI					